

10

1. CASE NO. <div style="font-size: 2em; margin-left: 100px;">(10)</div> <div style="font-size: 2em; margin-left: 100px;">(1)</div> <div style="font-size: 1.5em; margin-left: 100px;">840314WES 4052</div>	2. INVESTIGATOR'S ID <div style="border: 1px solid black; padding: 2px; display: inline-block;">8 1 1 1</div>	3. OFFICE CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">8 2 0</div> <div style="font-size: 2em; margin-left: 10px;">16</div>
<div style="font-size: 1.5em;">MAR 1984</div> <div style="font-size: 1.5em; margin-left: 10px;">EPIDEMIOLOGIC INVESTIGATION REPORT</div>		
4. DATE OF ACCIDENT <div style="border: 1px solid black; padding: 2px; display: inline-block;">             YR MO DAY              8 4 0 3 0 1           </div>	5. DATE INVESTIGATION INITIATED <div style="border: 1px solid black; padding: 2px; display: inline-block;">             YR MO DAY              8 4 0 3 1 2           </div>	

6. SYNOPSIS OF ACCIDENT OR COMPLAINT On 3-1-84 at approximately 0900 hours, a 16 month old male temporarily loss his breath when the cup shaped head portion of a  
stacking toy was held by suction over his mouth and nose. The victim's mother successfully removed the toy with extreme force. No medical attention was needed.

LPS 6 15  
 1/8/84  
 No ...  
 Products Identified  
 Excepted by  
 Firms Notified  
 Comments Processed

7. LOCATION (Home, school, etc.) Home (Bedroom)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0</div>	8. CITY Whittier	9. STATE California
10A. FIRST PRODUCT Stacking Toy	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1 3 2 6</div>	11A. TRADE/BRAND NAME <div style="background-color: black; height: 1em; width: 100%;"></div>	
10B. SECOND PRODUCT None	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9 9 9 9</div>	11B. TRADE/BRAND NAME MANUFACTURER & ADDRESS None	
12. AGE OF VICTIM <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 1 6</div>	13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	14. DISPOSITION N/A	15. INJURY DIAGNOSIS No Injury
16. BODY PART No Injury	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9 9</div>	17. RESPONDENT(S) (Mother, Friend) Mother	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>
20. ATTACHMENTS Photographs	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	21. CASE SOURCE F430502 Complaint	22. REVIEWED BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">8 1 0 1</div>
23. PERMISSION TO DISCLOSE NAMES CPSC may disclose my name <input checked="" type="checkbox"/>		<input type="checkbox"/> CPSC may not disclose my NAME	

24. NARRATIVE (See instruction on Other Side)

PRE-ACCIDENT:

The information contained in this report was obtained during interviews with the victim's mother, grandmother, father, and aunt.

The victim is a 16 month old male, 31½ inches in height and weighing 26 pounds. The victim, an only child, lives with his grandparents, parents, and an aunt in a one-story single family dwelling in a working class section of a suburban California community. The interior and exterior of the house are well maintained. The victim's mother said the victim is a normal active boy, who loves to play. She said he is healthy, and has had only three minor colds since birth, and was not on any medication.

On the day of the accident, he was not tired nor unusually fatigued. The victim is right handed and the mother said he is well coordinated physically for a 16 month old.

The family's routine normally includes a bicycle ride in the mornings between

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

#### ACCIDENT:

The mother said she did not hear a sound from the victim. Suddenly she turned toward him, looked down, and saw the victim's eyes were "very big" and the cup shaped head part of the [REDACTED] stacking toy was over his mouth and nose.

#### POST-ACCIDENT:

The mother immediately reached for the victim and pulled on the toy. She said it was held to his mouth and nose very tightly by a suction force, and she had to pull very hard to remove it. She said he would not have been able to pull with enough strength to remove it himself. There was a ring indentation left around his mouth after the toy was removed. The victim was scared but was not injured. He sustained a temporary loss of breath, but was fine. He was comforted by his mother and other members of the family.

The aunt visiting from Texas was aware of a recent infant death in her home state involving the same toy and suggested a complaint be made with Consumer Product Safety Commission. The mother telephoned both CPSC and the manufacturer [REDACTED] to relate the incident involving her 16 month old son. The toy was stored out of the infant's reach and he was no longer permitted to play with it.

The mother beleived because the victim has been drinking from a cup for the last six months, it is possible the cup shaped head reminded him of a drinking cup, and <sup>caused</sup> ~~caused~~ him to put it to his mouth. Although the toy was dry on the morning of the accident, she explained the victim is "drooling" at lot because he is cutting four teeth, and may have wet some portions of the cup.

The stacking/bath toy was purchased in November 1983 at a local Sav-On Drug store by an aunt, and given to the victim as a birthday present. The aunt said the toy was selected based on its reasonable price, its "cute" appearance, and because she felt he would enjoy it as a bath toy.

#### PRODUCT IDENTIFICATION:

Product: [REDACTED] plastic stacking and bathtub toy

The product is a toy plastic stacking and/or bathtub toy with five parts, each smaller part fitting into the larger part:

#1 Blue bowl shaped lower part, forming the bird's body with two attached wings, approx. 7 inches in diameter, from wing to wing, molded webbed designed feet on the bottom. This portion is labeled in part [REDACTED]

#2 Orange bowl shaped container (nest) with star-shaped holes in bottom, approximately 4 inches in diameter.

#3 White bowl shaped container with feather tail shape and three holes in bottom, approx. 3 inches in diameter.

#4 Yellow vinyl squeaker duck with blue/black eyes, approximately 2 inches in height and 2½ inches in width, labeled in part: [REDACTED]

#5 Blue cup shaped head for bird, with orange pointed beak, black and white eyes, approximately 3½ inches diameter (4 inches diameter for beak), labeled in part: [REDACTED]

Manufacturer: [REDACTED]

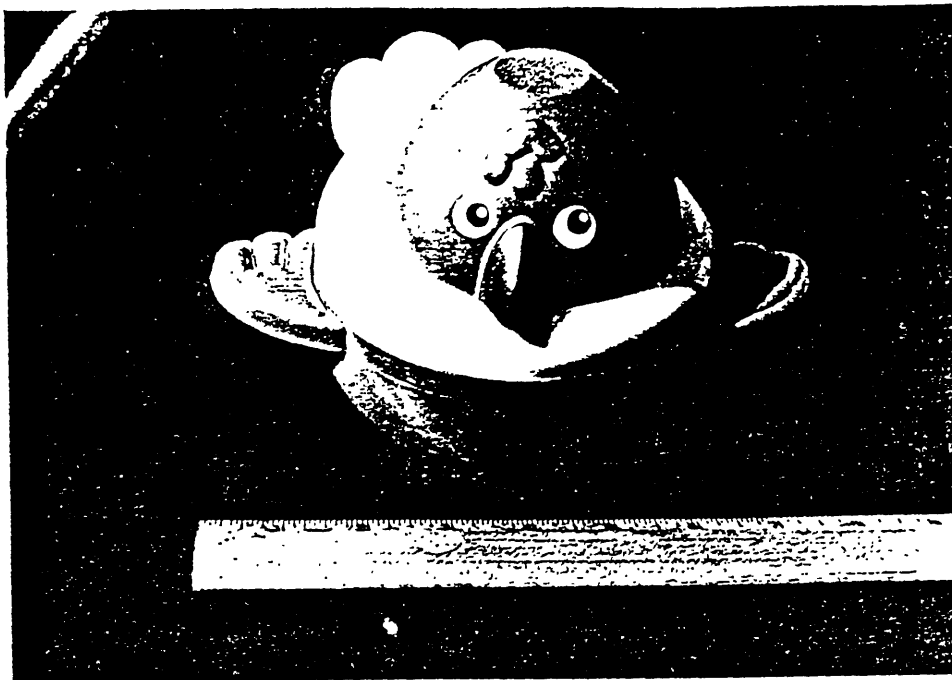
Model Number: 167

EPHF SPECIAL QUESTIONS:

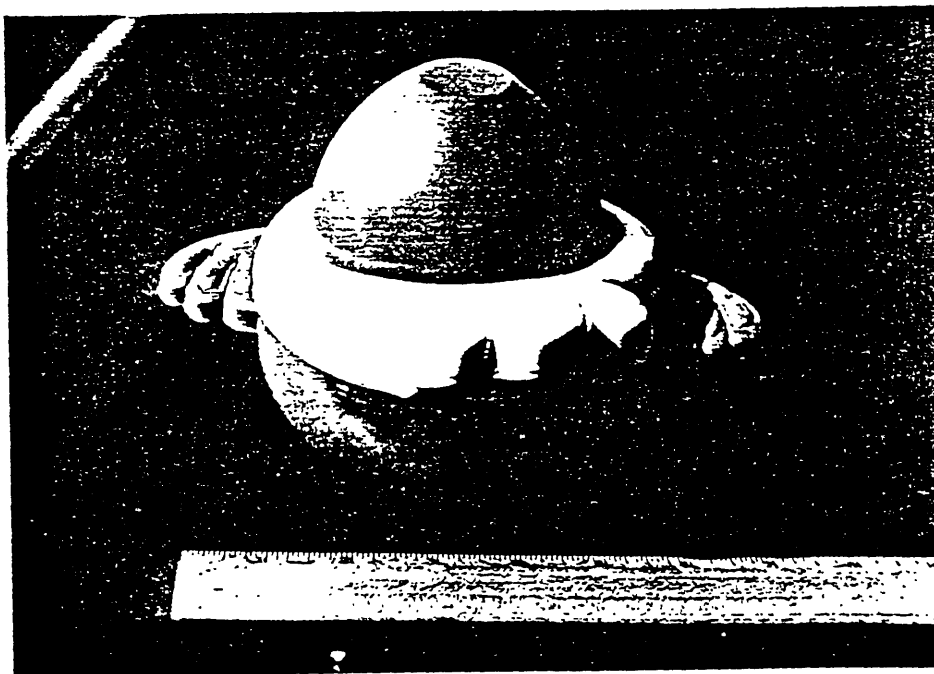
1. Child's Height, Weight, Age: 31½ inches, 26 lbs., 16 mos. of age
2. Accident Date March 1, 1984
- 3a. Child's playing habits with toy: Child normally stacked toy parts, banged them with other toys, hid parts, walked while holding parts.  
  
The child put vinyl rubber duck in mouth.  
  
Play was both while taking bath, and not while taking bath (in various rooms of home).  
  
Child has not previously placed cup-shaped objects up to face, however has been drinking from cups during the last six months.  
  
Child has not previously sucked-up any other cup-shaped objects.
- 3b. On the day of the accident the child was sitting on the floor in a bedroom quietly playing with several toys including the Bluebird toy, stacking them, and looking at them.
- 3c. The mother heard no sounds. While cleaning, she turned, looked toward victim and saw his eyes were "very big" and the cup shaped part of the toy was over his mouth and nose.
- 3d. It did not appear that the child was attempting to remove the toy.
- 3e. The exact location of the beak shape of the head at the time was unknown.
- 3f. A ring was left around the victim's mouth and nose area for a short time.
- 3g. The child did not vomit.

## CONSUMER PRODUCT COMPLAINT REPORT

1. NAME OF COMPLAINANT Ruthanne Parker		2. TELEPHONE NO. (213) 944-5679	3. DATE OF INCIDENT 3/1/84
4. STREET ADDRESS 10633 Mina		5. CITY, STATE, ZIP CODE Whittier 90605	
6a. DESCRIPTION OF PRODUCT(S) [REDACTED] <input type="checkbox"/> Objects to release of name. <input checked="" type="checkbox"/> Does not object to release of name.			
7. BRAND NAME [REDACTED]		6b. DATE ACQUIRED o/a Nov., 1983	
8. MODEL/STYLE NO. [REDACTED] bottom of toy		9. SERIAL NO.	
10. LOT/BATCH NO.		11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS [REDACTED]	
12. DEALER NAME AND ADDRESS Savon Whittier, CA		13. HOW PRODUCT ACQUIRED Purchased New <input type="checkbox"/> Second Hand <input type="checkbox"/> Other <input type="checkbox"/> Specify <u>Gift</u>	
14. SAMPLE AVAILABLE Yes <input type="checkbox"/> No <input type="checkbox"/>	15. WARNING LABEL Yes <input type="checkbox"/> No <input type="checkbox"/>	16. INSTRUCTIONS Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. PRODUCT DAMAGED BEFORE INCIDENT Yes <input type="checkbox"/> No <input type="checkbox"/>	18. PRODUCT REPAIRED BEFORE INCIDENT AFTER Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	19. AGE OF PRODUCT (ESTIMATE IF NECESSARY)	
IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24			
20. VICTIM'S AGE	21. VICTIM'S SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	22. BODY PART(S) INVOLVED	
23. TYPE OF INJURY OR ILLNESS Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Cut <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
24. MEDICAL TREATMENT RECEIVED Physician's Office <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other Hospital <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY.  No injury occurred. Mother(complainant) observed her 16 month old son playing with product. He pulled head section of <del>the</del> toy off and manipulated piece such that the beak fit over his nose and remained there through suction force of his breathing. She felt he would not have been able to remove it by himself and could have cut off his airway.  The head piece is 2½ inch sphere and made of hard plastic.			
25a. Have you notified or do you intend to notify the manufacturer? NO			
FOR COMMISSION USE ONLY SOURCE:			
26. RECEIVING OFFICE SFRO	27. DATE RECEIVED 3/1/84	28. RECEIVED BY James P. DiGrazia	
29. SOURCE OF REPORT Letter <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Visit <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			30. DOCUMENT NO F430502
31. FOLLOW-UP ACTION [REDACTED] <b>TYNN 31</b> <b>141 840314 WES 4052</b>			32. PRODUCT CODE(S)
33. DISTRIBUTION		34. ENDORSER'S NAME AND TITLE	



Photos #1 and #2: A general view of the front and rear of the [REDACTED] This accident involves a potential suffocation to a 16 month old male when his mother found him with the cup shaped head portion of the toy over his mouth and nose. The mother removed the toy with sufficient force.



Photo#3: The toy contains five parts, with the smaller parts fitting into larger parts, then covered with the bird head.

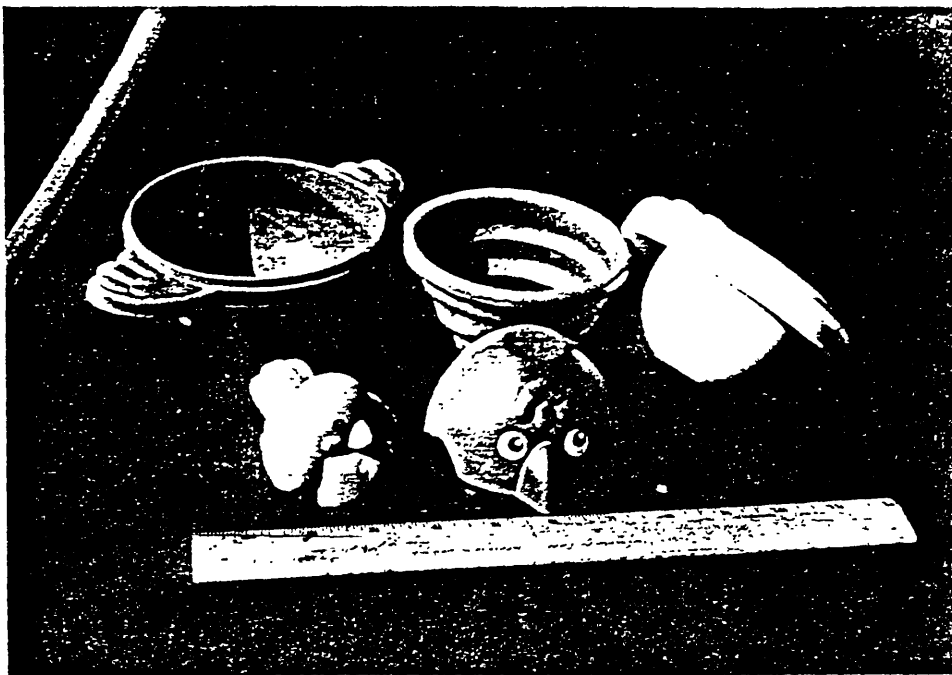
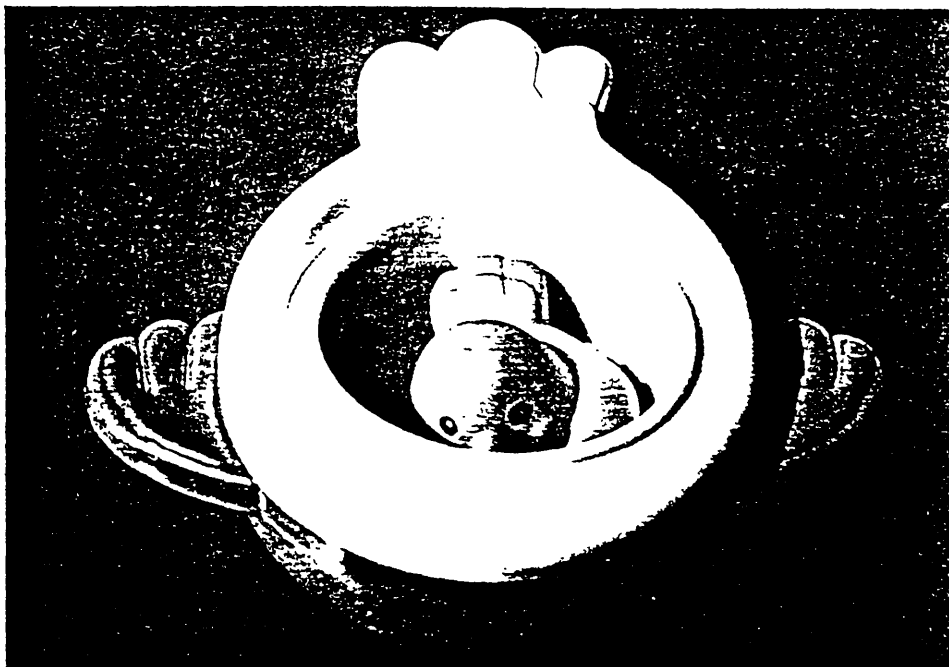


Photo #4: This photo shows the head removed, and the various other parts stacked together.



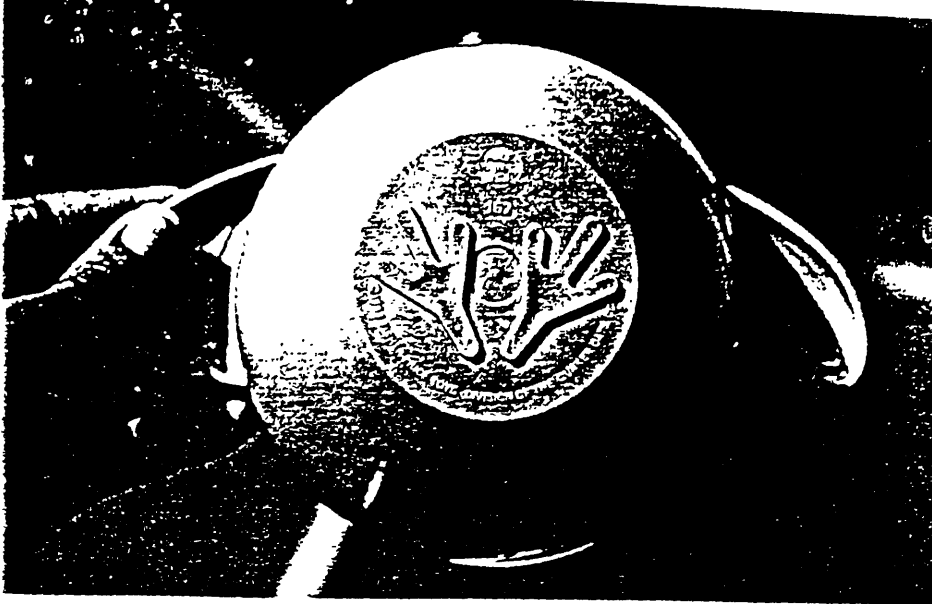


Photo #5: The bowl-shaped lower part, forming the bird's body.

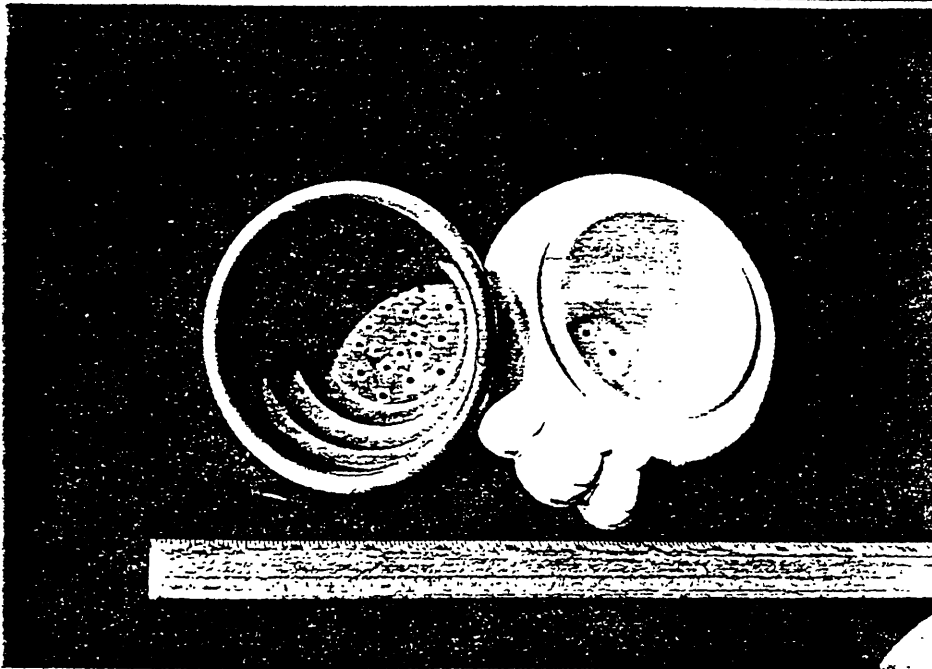


Photo #6: The orange bowl-shaped container (nest) fits into the large blue shape. The white bowl shape container fits into the orange container.



Photo #7: The vinyl squeaker duck is stored in the white container.



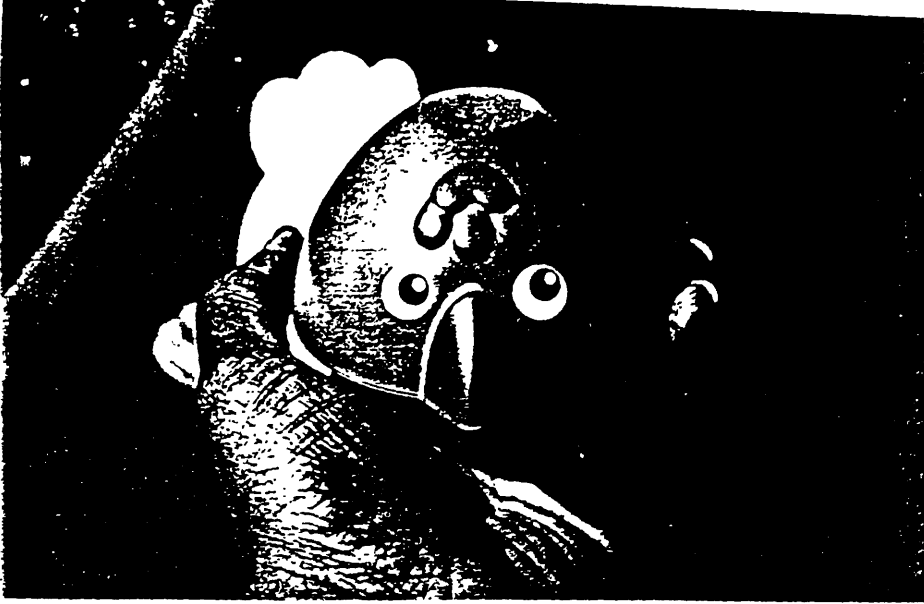


Photo #8: An overview photograph of the head portion of [REDACTED] toy. The mother found the victim with this portion (cup shaped) over his mouth and nose.

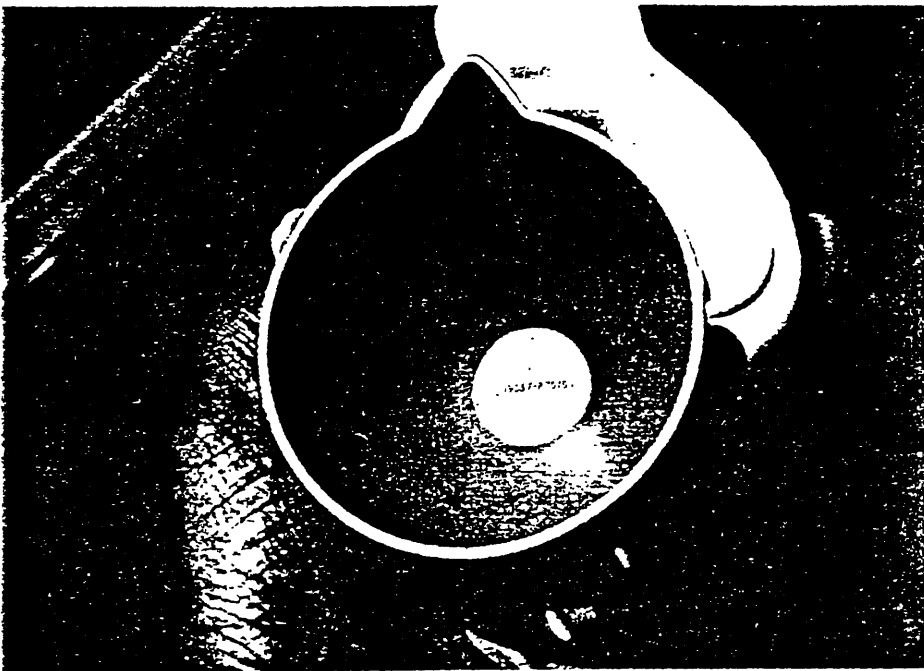


Photo #9: The interior of the "coffee cup" shaped head portion of the [REDACTED]

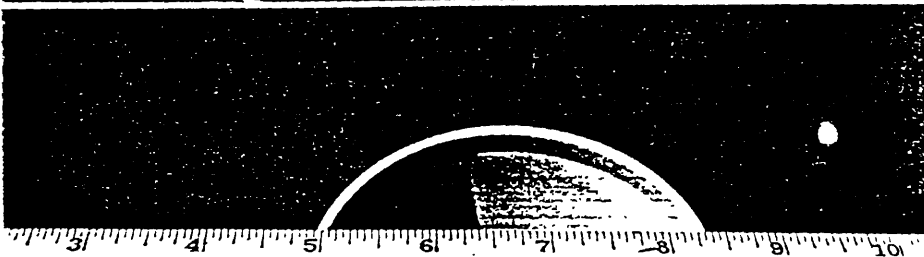


Photo #10: As shown, the diameter of the head portion is approximately 3½ inches.



Photos #11-16: The next six exhibits are a series of successive photographs taken while the victim was permitted to play with the ~~toy~~ toy during this investigation. Without prompting, the victim finally placed the cup shaped portion over his mouth and nose, as shown in photograph #16.



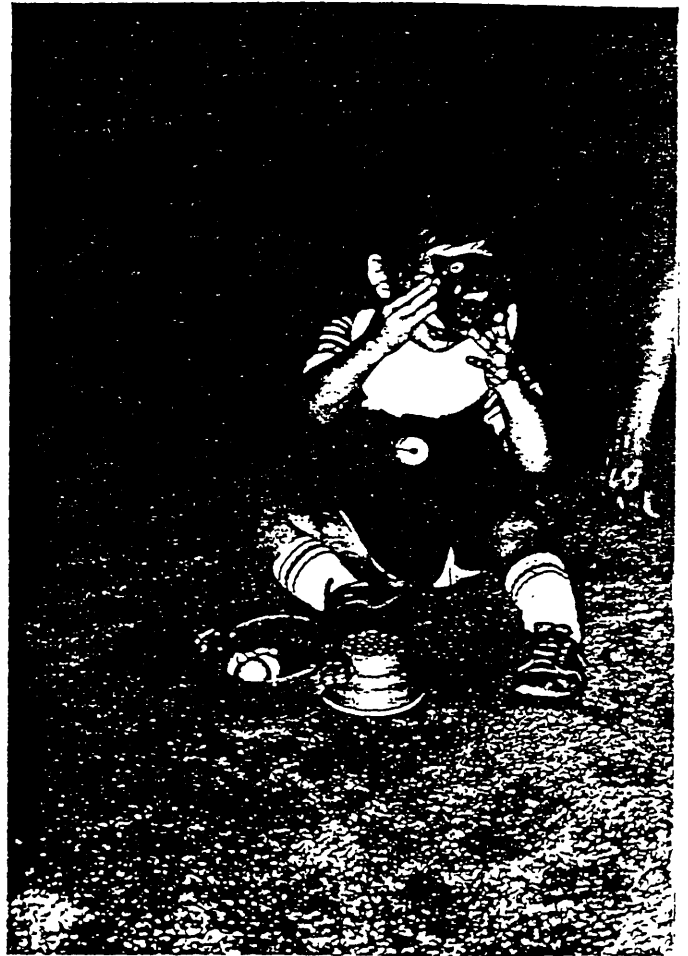
#11

#12





#13



#15



#14

Photograph #16: In this final photograph of successive scenes while the victim was permitted to play with the ~~toy~~, he placed the cup shaped head portion over his mouth and nose.



11

1. CASE NO.		2. INVESTIGATOR'S ID		3. OFFICE CODE		<div style="font-size: 1.2em; font-weight: bold;">EPIDEMIOLOGIC INVESTIGATION REPORT</div>	
840125DAL4046		8 1 9 8		8 5 5			
4. DATE OF ACCIDENT		5. DATE INVESTIGATION INITIATED		6. SYNOPSIS OF ACCIDENT OR COMPLAINT			
YR MO DAY 8 4 0 1 1 4		YR MO DAY 8 4 0 1 1 8		<p>On January 1, 1984, a five month old female was found dead in her crib with the head of a toy over her mouth and nose. The exact cause of death is pending. The Medical Examiner is conducting an inquest.</p>			
7. LOCATION (Home, school, etc.)		8. CITY		9. STATE			
Home (bedroom)		Haltom City		Texas		4 6	
10A. FIRST PRODUCT		11A. TRADE/BRAND NAME		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); font-size: 0.8em;"> CPSA 6 (b)(1) Cleared  No Mfrs/Privlbrs or  Products Identified  Excepted by  Firms Notified,  Comments Processed. </div>			
None		None					
10B. SECOND PRODUCT		11B. TRADE/BRAND NAME					
None		None					
12. AGE OF VICTIM		13. SEX (Use numerical code)		14. DISPOSITION		15. INJURY DIAGNOSIS	
2 0 5		MALE -1 FEMALE -2 UNKNOWN -3		DOA		CAUSE OF DEATH Pending	
16. BODY PART		17. RESPONDENT(S) (Mother, Friend)		18. TYPE INVESTIGATION		19. TIME SPENT	
CAUSE OF DEATH Pending		Grandparents, mother and reports		ON SITE 1 TELEPHONE 2 OTHER 3		1 5 0	
20. ATTACHMENTS		21. CASE SOURCE		22. REVIEWED BY			
Multi		Newspaper		8021		8 4 0 2 1 3	
23. PERMISSION TO DISCLOSE NAMES							
(NON-NEISS CASES ONLY)				CPSC MAY DISCLOSE MY NAME		CPSC MAY NOT DISCLOSE MY NAME	
						X	
24. NARRATIVE (See Instructions on Other Side)							
<p><u>PRE-ACCIDENT:</u></p> <p>The respondents in this case are the victim's mother and grandparents. Information was also received from reports obtained from the County's local official where the accident occurred.</p> <p>The victim was a five month old female. At the time of the accident, the victim was residing with her mother and grandparents. It was stated that the victim was a normal healthy child, with no known physical or mental handicaps. It was stated that the victim was very active. She had stated getting on her knees and could reach out. The grandparents stated she had a good grip also. According to the mother and grandparents, the victim had not had any major sickness since birth. A week or two before the accident, she had a slight cold, but had seen a doctor for the problem. It was stated that the doctor prescribed penicillin and a cough syrup to remedy the problem. The victim was given the medication and a few days later the cold was under control.</p> <p>The grandmother stated the day started as normal as usual, with the victim's mother</p> <p style="text-align: center;">(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)</p>							

and grandfather leaving for work. The victim was under her grandmother's supervision, due to her mother working. The grandmother stated after they left for work, she decided to get the victim ready to take her to a local store to get photographs made. The grandmother stated she bathed the victim and dressed her in a quilted pant suit. She stated after dressing the victim, they got in the car for the drive to the local store for a photograph session. The time was about 10:00 a.m. They arrived at the store about 11:00 a.m. The grandmother stated following the photographing session, they returned home, about 11:30 a.m. Upon their arrival back at the house, the grandmother stated she decided to rock the victim to sleep. She stated she did not feed her. She stated within a short time, she had rocked the victim to sleep. The grandmother stated she placed her in her crib, on her stomach, as in photo #1, and placed a blanket on the lower part of her body. The toy was stacked with the parts in place. According to the mother, the toy was about 10-1/2 inches from her head. The room was warm. The grandmother stated that after she placed the victim in the crib, she returned to the kitchen to work on some bills. The house was quiet. She stated she did not hear any sound coming from the victim's room, which would indicate she was in trouble. She stated about 1:00 p.m., she checked on the victim and found her lying on her back as in photo #2, with the top part of the toy over her mouth and nose.

#### ACCIDENT:

The grandmother stated that after finding the victim on her back and the toy over her nose and mouth, she removed it immediately. She had to pull with a little force, because the toy was stuck. After removing the toy from the victim's face, she picked her up and carried her to the den and placed her on the couch. She tried to give her mouth to mouth resuscitation, but all attempts were futile. The grandmother stated she got on the phone and called the victim's grandfather. He arrived at the house in about four minutes. The grandfather tried to give the victim Cardiac Pulmonary Resuscitation, but his attempts were futile. He stated that while trying to give the victim CPR, he instructed the victim's grandmother to call for some professional help.

#### POST ACCIDENT:

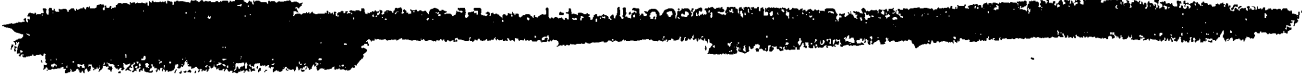
The grandparents stated the local police and the emergency medical unit arrived a few minutes later. The emergency unit medical attendant came in and picked up the victim and carried her to the mobile unit. Life saving means were started and the victim was transported to the emergency room at John Peter Smith Hospital, Fort Worth, Texas. The victim was seen by the hospital emergency room doctors. Several attempts were made by the doctors to revive the victim, their attempts were futile. The victim was pronounced DOA. The emergency room records list the cause of death as likely 2° to suffocation vs Sudden Infant Death Syndrome.

#### PRODUCT IDENTIFICATION:

The product is a Sp [REDACTED] The product was manufactured at their plant at this address: [REDACTED] The toy model number is 167. The toy is a five piece stacking toy. The head

can be used as a pouring cup; middle tail feather section can serve as a funnel; nest is a strainer; body is a bowl and a squeezable soft baby bird is inside.

The following identification marks are located on the bottom of the bowl.



The victim's mother stated she purchased the toy about two weeks before Christmas from Worldwide Store, Haltom City, Texas. The price was about \$5.00. The toy was placed in the crib with the victim, who was five months and four days old. The toy is recommended for ages nine months to three years.

The mother and grandmother stated that everytime the victim woke up, she would reach for the toy.

ATTACHMENTS:

1. Newspaper articles.
2. Police Dept. Report.
3. Emergency Medical Unit Report.
4. Hospital Emergency Room Report.
5. Photographs/Negatives.
6. Copy of Medical Examiner's Report and Autopsy  
will be forwarded upon receipt.



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U. S. CONSUMER PRODUCT SAFETY COMMISSION

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AUTHORIZATION FOR RELEASE OF NAME

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Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.


Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

☐

You are hereby authorized to disclose my name and address with the information collected on this case.

☒

My identity is to remain confidential.

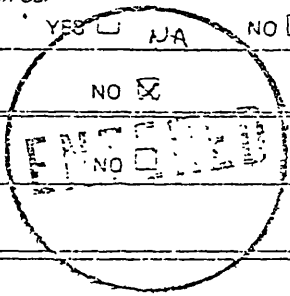
  
(Signature)

1-21-84

(Date)

~~840125~~

1. Offense <b>INJURED CHILD</b>			2. Firm Name <b>NA</b>		
3. Complainant-Mgr. or Owner <del>XXXXXXXXXX</del>			4. Res. Address <del>XXXXXXXXXX</del>		5. Res. Tel. No. <del>XXXXXXXXXX</del>
6. Age <b>5 Mos.</b>	7. Sex <b>F</b>	8. Race <b>W</b>	9. Bus. Address <b>NA</b>		10. Bus Tel. No. <b>NA</b>
11. Place of Occurrence <del>XXXXXXXXXX</del>			12. Date-Time Occurred <b>1-14-84 12:53 PM</b>		13. How Received <b>DISPATCHED</b>
14. Reported By <del>XXXXXXXXXX</del>			15. Res. Address <del>XXXXXXXXXX</del>		16. Res. Tel. No. <del>XXXXXXXXXX</del>
17. Date-Time Reported <b>1-14-84 12:53 PM</b>			18. Bus. Address <b>NA</b>		19. Bus. Tel. No. <b>NA</b>
20. How Offense Was Committed <b>840125 DAL 4046. Purged</b>					
21. A. Vehicle Stolen <input type="checkbox"/>		B. Vehicle Used <input type="checkbox"/>		C. Vehicle Not Involved <input checked="" type="checkbox"/>	
22. Vehicle-Color <b>NA</b>		23. Vehicle-Year <b>NA</b>		24. Vehicle-Make <b>NA</b>	
25. Vehicle-Body Style <b>NA</b>		26. Vehicle-Lic. No. and State <b>NA</b>		27. Vehicle Identification Number <b>NA</b>	
28. Keys In Car YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		29. Reporting Officer <del>XXXXXXXXXX</del>		30. Arrest Made YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
31. Entered NCIC YES <input type="checkbox"/> NO <input type="checkbox"/>		32. Assigned To		33. District No. <b>1A</b>	



34. Details of Offense

~~XXXXXXXXXX~~ **GRANDFATHER**

ON 1-14-84 AT 12:53 PM I RECEIVED A CALL TO ~~XXXXXXXXXX~~ LANE IN REGARDS TO A POSSIBLE DECEASED PERSON. UPON ARRIVAL MR ~~XXXXXXXXXX~~ WAS GIVING CPR TO THE VICTIM ~~XXXXXXXXXX~~ WHITE FEM 5 MONTHS OLD. MRS ~~XXXXXXXXXX~~ ADVISED THE VICTIM HAD BEEN ASLEEP IN HER BED AND APPARENTLY WOKE UP AND STARTED PLAYING WITH SOME OF THE TOYS. THE VICTIM APPARENTLY GOT THE BLUG GUMP SHAPED TO OVER HER FACE. MRS ~~XXXXXXXXXX~~ STATED SHE FOUND HER LYING ON HER BACK WITH THE TOY STILL OVER HER MOUTH AND NOSE. AT THIS TIME REGIONAL AMBULANCE ARRIVED WITH TWO PARAMEDICS AND THEY TRANSPORTED THE VICTIM TO PETER SMITH HOSPITAL. PETER SMITH HOSPITAL ADVISED THE VICTIM WAS PRONOUNCED DEAD AT

36. Offense Status <b>X</b>	36. Crime Code <b>5</b>	37. Supplement Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	38. Coded By <b>X</b>				
39. UCR Code <b>4400</b>	40. Property Attached Code <b>501</b>	41. Class Property Code					

Offense Number

1. 2052

OFFENSE

LOCATION & DATE OF OCCURRENCE

Injured Child

1-14-84

Results of Investigation

1:27 PM By Doctor [REDACTED]

NCIC—TCIC:

CLEARED \_\_\_\_\_  
CANCELED \_\_\_\_\_  
MODIFIED \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

CASE STATUS

PENDING \_\_\_\_\_  
UNFOUNDED \_\_\_\_\_  
CLEARED: \_\_\_\_\_  
ARREST-CASE FILED \_\_\_\_\_  
ARREST-NO PROSECUTION \_\_\_\_\_  
FILED-ARREST PENDING \_\_\_\_\_  
NO PROSECUTION-NO ARREST \_\_\_\_\_

SIGNED \_\_\_\_\_

# AMBULANCE TRANSPORTATION SYSTEMS

P.O. BOX 11774 • FORT WORTH, TEXAS 76117

TIME 1259 PM 00

PATIENT 1

INCIDENT LOCATION 3201 HARRIS

PATIENT NAME	AGE	SEX	PATIENT ADDRESS
	32	F	
PATIENT PHYSICIAN	PT. MEDICAL HISTORY		CONSENT TO TREATMENT
	840125 DAL 4046		X
ALLERGIES	PT. MEDICATIONS		HOSPITAL
NKA	Purged		JPS ER

## TYPE OF ILLNESS/INJURY

ALLERGIC REACTION	DROWNING	HEAT EXH/STROKE	STABBING/CUTTING
ASTHMA/EMPHYSEMA	DIABETIC	INTERNAL INJURY	SUICIDE
AUTO ACCIDENT	ELECTROCUTION	INTERNAL MEDICAL	STROKE
BURN	EPILEPSY CONVULSION	INTOXICATION	VAGINAL BLEED
BITE STING	EYE INJURY	MATERNITY	POSS. CONT. DISEASE
CUTS BRUISES	FALL	OVERDOSE	NO EMERGENCY
CARDIAC	FRACTURE/DISLOCATION	POISON	REFUSED AID
DYSPNEA	GUNSHOT	PSYCHIATRIC	OTHER DISLOCATION

## AID BY EMERGENCY UNIT

AIRWAY (ORAL)	ECG	IV FLUIDS	SPINE BOARD
BANDAGING	ESOPHAGEAL AIRWAY	OXYGEN	SPLINTING
CPR	EXTRICATED	OB DELIVERY	SUCTION
DEPR. SUCCESSFUL	HURST TOOL/SAW	RESUSCITATION	TELEMETRY
DEPR. UN SUCCESSFUL	INTUBATED	SHOCK SUIT	VITALS

## VITAL SIGNS

TIME	PUPIL REACTION	B/P	PULSE (RATE/TYPE)	RESPIRATIONS (RATE/T/PE)	SKIN CONDITION/COLOR
1259	Fixed & Dilated	0	0	0	

TIME	IV'S - DRUGS - DEFRIB	COMMENTS
1303	Intubate	(5) 3 yr. old found by babysitter unconscious & unresponsive. E some type of trauma over face. Pt found lying on couch.
1306	IV D5W 22 ga. angio (2) ARM	Face up & CPR in progress by HCPD officer. Pt an unidentified male. (1) Pt. unconscious & unresponsive - No U.S. present - No U.S. present in mouth - Pupils fixed & dilated @ 4mm, BS - EXTREMELY FLACCID WHEN VENTILATED - EKG: FIBRILLATION (A) CARDIAC ARREST DUE TO SUFFICATION (P) 1. Primary Survey 4. Suction 7. CONT. CPR 2. CPR 5. EKG 8. TRANSPORT CODE 111 3. Intubate 6. IV D5W

SIGNATURE	TELEMETRY PHYSICIAN - HOSPITAL	DR. OR RN. ACCEPTING PT.
1/1		

DR. OR RN. SIGNATURE DOES NOT APPROVE OR DISAPPROVE ABOVE INFORMATION

## DRUGS

AMINOPHYLLINE 250 MG/5CC	EPINEPHRINE (1:1000) 1MG/1CC	LIDOCAINE 1GM/25CC
AMINOPHYLLINE 500 MG/10CC	EPINEPHRINE (1:10,000) 1MG/10CC	MORPHINE SULFATE 10 MG/1CC
ATROPINE 1 MG/10CC	HELAFOAM SPRAY	NARCAN 0.4 MG/1CC
BACTERIOSTATIC WATER	HYPERSTAT 300 MG/20CC	NITROSTAT 1/150
BENADRYL 30 MG/1CC	INTROPIN 200 MG/5CC	PHYSOSTIGMINE 2 MG/2CC
CALCIUM CHLORIDE 1GM/10CC	IPECAC 1 OZ	SODIUM BICARBONATE 10 MEQ
DECAORON 4 MG/2CC	ISOPROTERANOL 1 MG/5CC	SODIUM BICARBONATE - PEDI
DECAORON 24 MG/1CC	LACTATED RINGERS 500 ML/1000 ML	SOLU-MEDROL 125 MG/10CC
DEXTROSE 5% 500 ML/1000 ML	LASIX 40 MG/2CC	VALIUM 10 MG/2CC
DEXTROSE 50% 25 GM/50CC	LIDOCAINE 100 MG/5CC	3% SODIUM CHLORIDE 500 ML/1000 ML

## EXPENDABLE SUPPLIES

BLOOD SAMPLE TUBES	IV CATHETERS	GAUGE	O2 MASK
ELECTRODES	IV TUBING - EXTENSION		SUCTION CATHETER
ESOPHAGEAL TUBE SIZE	IV TUBING - METRISET		
3.0	IV OTHER		



423348-7

NESSOGRAPH

PROGRESS RECORD

840125DAC4046

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423348-7  
FEMALE-DAKOTA  
423348-7  
423348-7

10 August '83 1410 Admit Note

This 3487 gm W♀ infant born at 1352 hrs 10 Aug '83 to a 16 y/o G, P, FHC clinic pt = excellent attendance. No antenatal problems. By sons & LNMJ EDC - 8/10-8/14/83. HBT O(+) Rubella - unimmunized, VDRL - NR.

Mother began having contractions @ 0900 8/9/83, but was not felt to be in active labor until ~ 0600 8 hrs PTD. AZOM 4 1/2 hrs PTD = clear fluid.

Labor was uneventful = analgesia - Demerol 50mg + Phenergan 25mg 5 1/2 hrs PTD, Demerol 25mg 4 1/2 hrs PTD, Demerol 25mg 4 hrs PTD, Demerol 25mg 1 1/2 hrs PTD.

Anesthesia local for delivery (Pudendal for repair). Infant delivered SVD, OA = left pincer, good tone, color H.R. & resp. Narcotic given to infant Hygans 8/9.

PE: normal L - 51 cm Wt - 3487 gm - H.C. - 33 1/2 cm  
BBT - O(+) DC - Neg HBT - O(+)   
H/A - 21.3/62.1

Immg: 39 wks AGA W♀

Plan: Routine care. Breast feeding   
 ~~21.3/62.1~~ 21.3/62.1



# INVESTIGATION GUIDELINE

August 27, 1982

## TOYS

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### I. Introduction

#### A. Background Information

Toys, and injuries associated with them, have been a major area of Commission interest since the agency was formed. A large amount of work has been done in this area, including recalls, bans, regulations\*, voluntary standards, information and education, and a great deal of cooperative interaction with the industry. The NEISS data for 1981 indicate a slight decrease in the frequency of toy injuries to 128,000, and it may be that all the work is starting to pay off. However, there are thousands of new toy designs introduced each year, so CPSC must remain vigilant to identify those which do not comply with the mandatory requirements, or ones which present new hazards not addressed by those standards.

#### B. Product Class Description

##### 1. Definitions and General Description

Include all toy products such as dolls, mechanical toys, projectile toys, riding toys, electrical and battery powered toys.

##### 2. Regulations which apply to toys:

Use and Abuse Testing Procedures

Sharp Point Technical Requirements

Sharp Edge Technical Requirements

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\* See attachment for the January 25, 1980 compilation of Regulations for Toys and Childrens' Articles



# INVESTIGATION GUIDELINE

Small Parts

Rattles

Electrically Operated Toys and Childrens' Products

Toy Banning Regulations

Exemptions from Banning

Lead-in-Paint

Flammability of Solids Test Method

Sound Level of Toy Caps Test Method

Aluminized Polyester Film Kites Ban

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## C. Headquarters Contacts

[REDACTED], EPHA - 492-6470

[REDACTED], EPHA 492-6470

[REDACTED], EPHF - 492-6468

## II. Instructions for Collecting Specific Information

### A. Free Text Summary

1. Describe the accident sequence to include the moment of the injury, preceding and subsequent actions by the victim, other children or adults, and the product. *See Report*
2. Attempt to learn what the parent thought was happening; what the child thought was happening; before, during and after, the accident. Indicate whether the parent said something like "I didn't think there was any danger" or "She is always doing things like that, I wasn't surprised" or similar expressions of opinion. *Child under age. Not able to talk. The parent + grand parents thought the toy was safe.*





# INVESTIGATION GUIDELINE

3. Find out who else was present. Determine if they were involved and how. - Victim & Grandmother was at home  
Grandfather's mother was at work.

## B. Description of Victim Contact With Product (Victim/Product Environment Interface)

1. Indicate exactly how the victim contacted the product. - In crib
2. Describe the injury and the way the features of the product contributed to it. This factor has not been determined, still under investigation (7/8/84)
3. Determine how the product was being used at the time of the accident.  
In crib with child, for her to play with.

## C. Description of Product

1. Obtain brand name and manufacturer of product. [REDACTED]
2. Indicate model name, or make of the toy. [REDACTED] 167
3. List age of toy. About 3 weeks old
4. Describe condition of toy. Excellent.
5. In the absence of brand or model information, provide a photograph, diagram and/or description of the product, sufficient that Compliance or Engineering might identify it if necessary. See photo
6. Description of the part or features of the toy which contributed to (not necessarily caused or inflicted) the injury. - Handgrip [REDACTED]
7. Provide a written description of the toy; how it is intended to be used; and, if it is mechanized (to include wind-up, friction powered, battery powered, spring or other mechanism) how the mechanism works (to the extent possible). Launching and shooting mechanisms are also to be included. Stacking Toy - five parts



# INVESTIGATION GUIDELINE

## D. Description of Victim

1. Height and weight of the victim. *5 mos old*
2. If there are any relevant variables about the victim, such as measurement of some body part, any handicaps, temporary or permanent. Get as much detail as is appropriate to the accident. *No*
3. Determine if the victim was the person for whom the parents had intended the product to be used. *Yes*
4. Indicate whether the victim was familiar with the product. If the victim was not the person using the product (e.g., projectile toy) stipulate whether the person using it was familiar with its use. *To a degree*

## E. Description of Environment

1. Describe the surroundings and any features of them which may have contributed to the accident. *N/A*
2. Determine what other members of the family were doing, to the extent that is relevant (e.g., "Everyone had just gotten home and were hanging up coats," or "Mother answered phone"). *N/A*

## III. Instructions for Photographing and/or Diagramming Accident Scene and Factors Related to the Accident Sequence

1. Obtain photographs of the whole product and packaging if possible.
2. Photograph any labeling on the product. *- see photos*
3. Provide close-ups of the area of the product which actually inflicted the injury. *See photos*

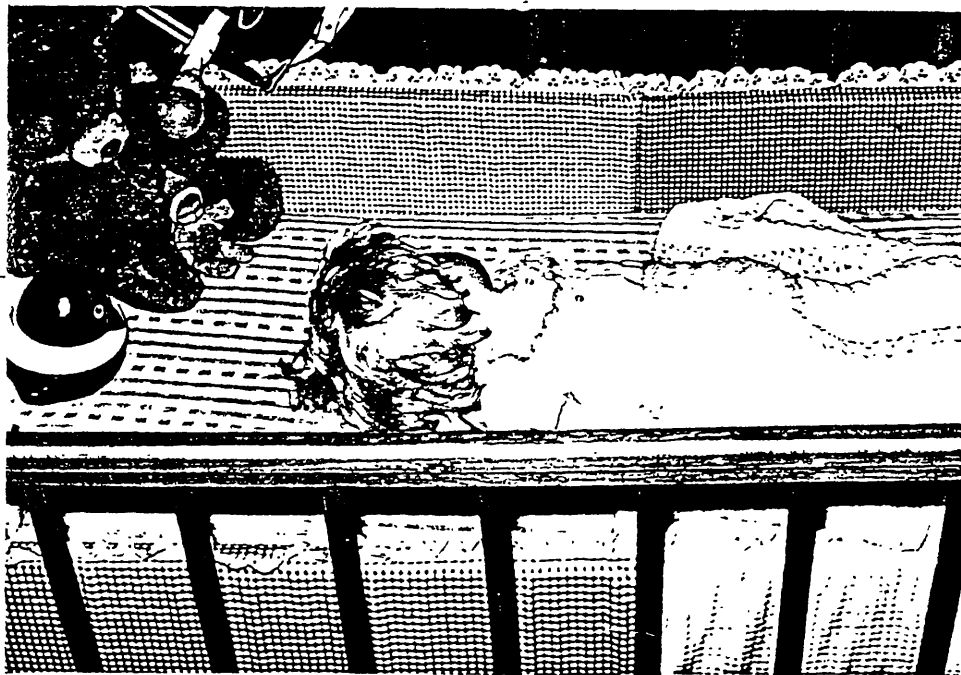


# INVESTIGATION GUIDELINE

4. If the product is one a child sits in, or on, photograph it with the child in or on it, unless this would create a hazardous situation. In that case, simulate using a doll or other object. *N/A*

## IV. Instructions for Obtaining Samples and Documents Related to the Investigation

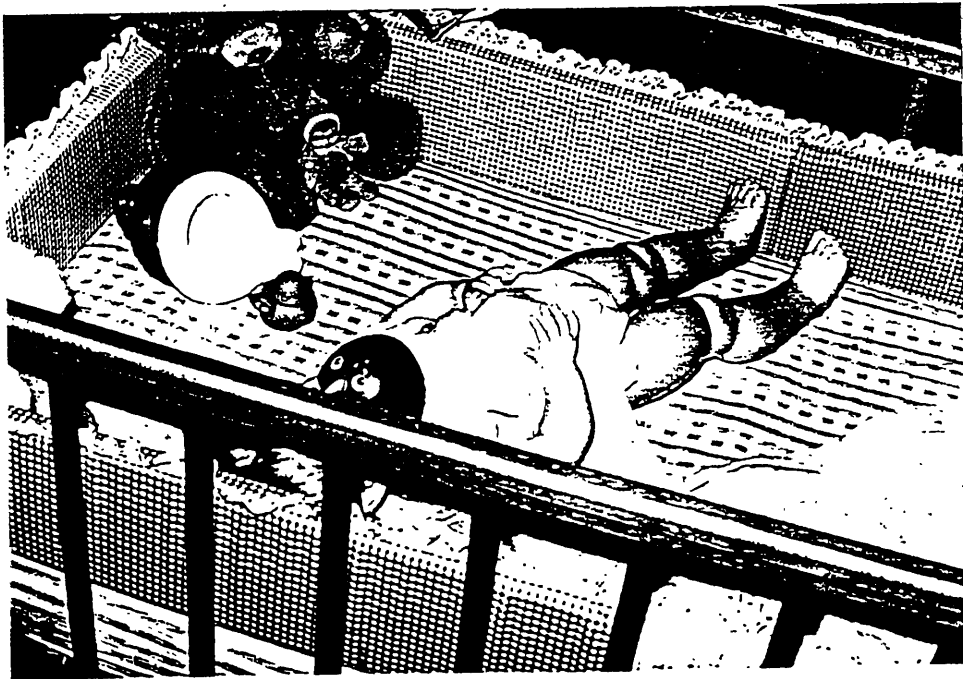
1. Include any police, coroner, or newspaper reports available. *(Obtained)*
2. Frequently the assignment message will tell what to do about collecting samples. If a sample is available, and no instructions have been provided, contact the Hazard Analysis or Human Factors contact person.



According to the grandmother, the victim was placed in her crib on her stomach with her arm stretched outward as in the photograph. (Note the position of the blue bird.)



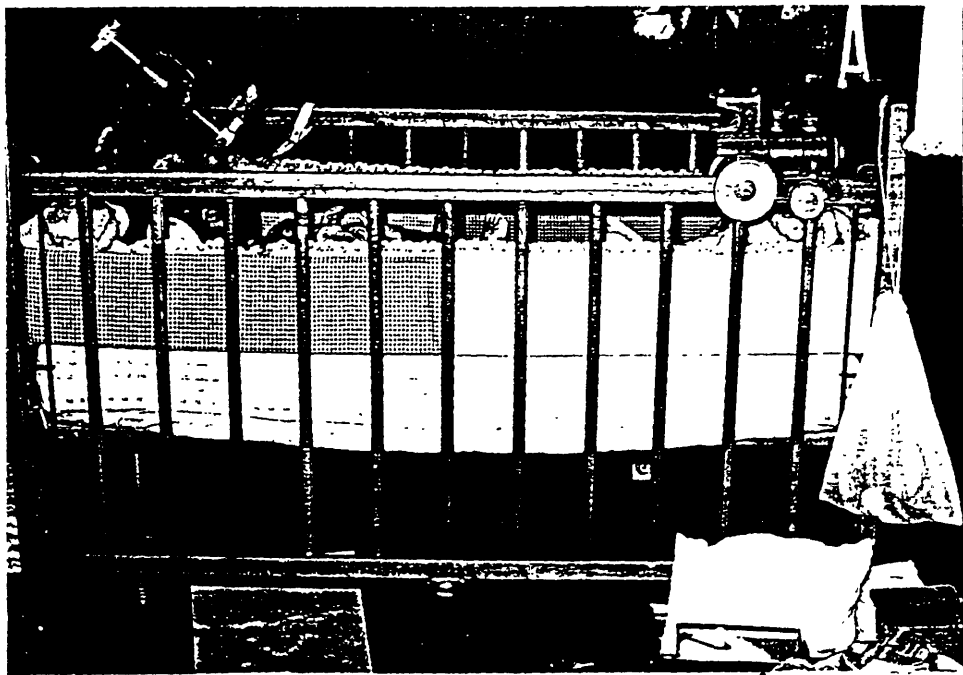
The grandmother stated she found the victim in the position noted in the photo with the head of the [REDACTED] toy over her mouth and nose.





A close up view showing the position of the head of the [REDACTED] over the victim's mouth and nose, when found by her grandmother.

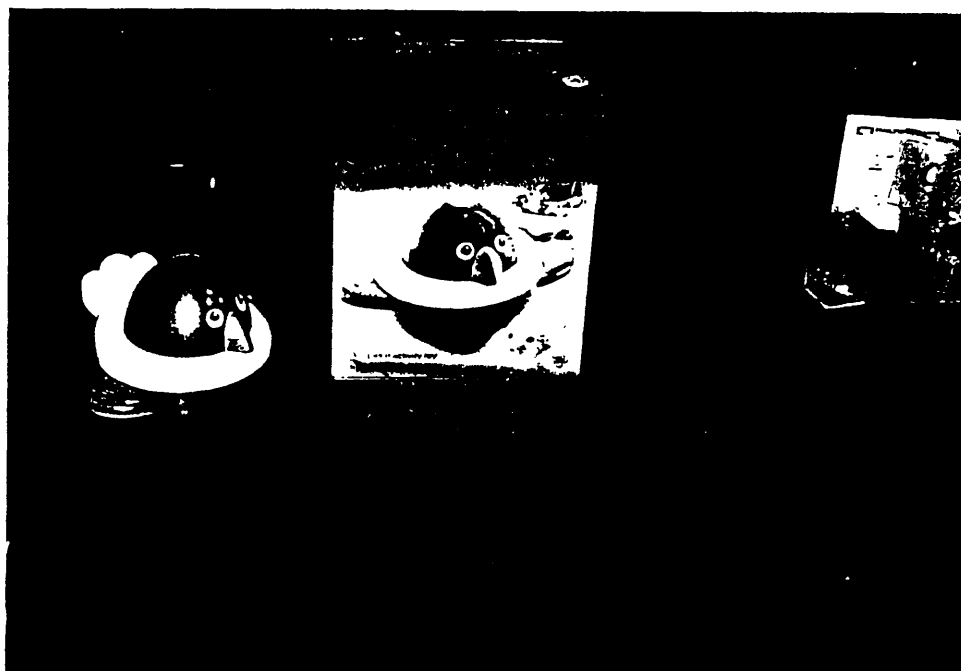




The crib the victim was sleeping in at the time of the incident.



A view of the product involved in this IDI. According to the lawyer for the victim's family, it is the exact toy. The toy was in the crib with the baby when the incident occurred.



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INVESTIGATOR'S REPORT  
OFFICE OF CHIEF MEDICAL EXAMINER  
OF TARRANT COUNTY, TEXAS  
3440 Camp Bowie  
Fort Worth, Texas 76107  
(817) 335-2607

CASE NUMBER  
ME [REDACTED]

12 MAR 1984

[REDACTED]  
Diplomat of American Board of Anatomic and Clinical Pathology  
Chief Medical Examiner

[REDACTED]  
Chief Medical Investigator

Deceased [REDACTED]  
Address [REDACTED] HARDIS LANE City of FT. WORTH, TX Zip 76117  
Age 5mo. Birth Date 8-10-83 Marital Status — Phone ( ) [REDACTED]  
Race or Color White Sex Female Height — Weight —  
Manner of Dress Nude  
Occupation N/A Place of Employment N/A  
Place of Death J.P.S. Hospital City of FT. WORTH, TX

HOSPITALIZED (Yes — No X) DATE/TIME OF ADMISSION —

Character of Premises Hospital ER

Environmental Conditions —

Date and Time M. E. Office Notified 1-14-84, 1:45 PM Arrival at Scene 2:05 PM

Reported by [REDACTED] Address FUPD-DC Phone 8706582

Pronounced Dead by Dr. [REDACTED] Treated by —

DATE OF DEATH/ ~~ESTIMATED~~ 1-14-84 TIME 1:29 PM DOA

Place of Occurrence N/A City of —

Injury at Work (Yes — No —) Date — Time —

Identified by Business # for John Hobbs Address — Phone —

Relatives Notified by [REDACTED] Date — Time —

Relative's Name [REDACTED] Relationship G-MOTHER

Address SAME Phone [REDACTED]

Body Removed to TC ME Conveyance Mt Olivet

Funeral Home Mt. Olivet Relationship G-MOTHER

Disposition of Property NONE 840125 DAL 4046

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Medical Investigator [REDACTED]

OFFICE OF CHIEF MEDICAL EXAMINER  
TARRANT COUNTY, TEXAS  
A U T O P S Y

Case No. [REDACTED]

Approximate Age 5 months  
Crown to heel: 25"  
Height Crown to rump: 17½"

Approximate Weight 15 lbs., 6½ oz.

Sex: Female

Identified by

Residence

Stenographer [REDACTED]

Residence

I hereby certify that I [REDACTED], M.D. have performed an autopsy on  
the body of [REDACTED] at TCME MORGUE on the  
15th day of January 1983, (Death: 1-14-84; DOA to Hospital 1:29 PM) hours after the death,  
and said autopsy revealed

FINAL PATHOLOGICAL DIAGNOSIS:

1. Pulmonary vascular congestion, moderate.
2. Moderate visceral congestion.
3. No evidence of congenital abnormalities or traumatic injuries.

CAUSE OF DEATH: ACUTE RESPIRATORY ARRESTMANNER: CLASSIFICATION UNDETERMINED

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[REDACTED], M.D.,  
Chief Medical Examiner

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This examination and dictation are both carried out January 15, 1984 beginning at 11:05 AM.

For biographical information regarding the deceased, please refer to the medical investigator's report.

A complete autopsy is carried out at the Tarrant County Morgue.

#### GROSS ANATOMICAL EXAMINATION

##### EXTERNAL EXAMINATION:

The body is presented to the county morgue nude.

There is evidence of therapeutic intervention with presence of three circular areas of indentation of skin and soft tissue with slight contact pallor, localized to the chest area, representing the site of the electro pads fixed on the body surface. Furthermore, there are needle marks in the right antecubital fossa and a faint contact pallor horizontally oriented extending from the left corner of the mouth and representing the site of the strapping of endotracheal tube and measures upto 1 1/2" in length.

The body is that of a well developed essentially well nourished white female infant appearing the stated age of five (5) months with a crown to heel length of 25", crown to rump length of 17 1/2", head circumference of 16 1/2" and a body weight of 15 lbs., 6 1/2 oz.

The body shows presence of moderately well developed rigor with lividity localized to the right side of the back and flank. The head is symmetrical and covered by short light brown color hair. Anterior fontanelle is patent. Eyes are deep brown in color with pupils fully dilated. Nasal and oral orifices appear unremarkable. Careful examination fails to demonstrate any evidence of mucosal contusions or lacerations of the upper and lower lips or indentations. Absence of milk dentitions are noted. Ears are unremarkable showing no evidence of hemorrhage in the external auditory canal. A very focal contusion is localized to the bridge of the nose having no distinguishable pattern, having somewhat ill-defined margins with somewhat circular appearance measuring upto 1/2" in diameter and shows purplish focal bluish discoloration. Careful examination fails to demonstrate any indentations or compression abrasion. The neck is slightly rigid and shows no evidence of traumatic injury or abnormal masses. The chest is symmetrical and unremarkable. Abdomen is slightly protuberant but palpation non revealing. Examination of the upper and lower extremity show moderate cyanosis of the digits with no clubbing or edema. Simian creases are not demonstrated along the palmar surfaces. The external genitalia appear unremarkable. The back is essentially unremarkable showing very mild contact pallor. Anal opening is patent.

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There is no external evidence of trauma or congenital abnormalities.

INTERNAL EXAMINATION: A Y-shaped thoraco-abdominal incision is made and the organs are examined in situ and eviscerated in the usual fashion.

SEROUS CAVITIES: The pleura and peritoneum appear moderately congested, smooth glistening and essentially dry. The pericardium is likewise congested, smooth glistening and contains normal amount of serous fluid.

CARDIOVASCULAR SYSTEM: The heart weighs 36 grams revealing unremarkable cardiac chambers and cardiac valves. Coronary ostia are in the normal anatomical location leading into probe-patent coronary arteries. On sectioning there is no gross evidence of pathological lesions or congenital abnormalities. The epicardial surface however shows focal petechial hemorrhage. The aortic arch along with the great vessels, thoracic and abdominal segment of the aorta appear grossly unremarkable showing no pathological lesions or congenital abnormalities.

GASTROINTESTINAL TRACT: Grossly unremarkable. There is no evidence of malrotation, volvulus or intussusception. The appendix is identified showing no pathological lesions.

MAJOR DIGESTIVE ORGANS: The liver weighs 300 grams revealing brown smooth glistening surface and on sectioning presents a brownish homogeneous soft hepatic parenchyma. The gallbladder is unremarkable containing approximately 2-5 cc. of greenish bile. The biliary tree is patent. Pancreas weighs 5 grams having a lobulated yellow appearance and on sectioning shows no evidence of acute or chronic pancreatitis or pathological lesions.

HEMATOPOIETIC SYSTEM: The spleen weighs 22 grams having a gray smooth glistening capsule and on sectioning presents a reddish-brown soft splenic pulp. There is no evidence of lymphadenopathy and the vertebral bone marrow is red and firm. The thymus gland weighs 40 grams showing normal lobulations with pink surface and focal petechial hemorrhage. Abnormal masses are not demonstrated.

GENITOURINARY SYSTEM: Each kidney weighs upto 30 grams and the capsule strips with ease to reveal a lobulated brown congested surface and on sectioning reveals unremarkable cortex, medulla and pelvic calyceal system. The ureters are of normal caliber draining into unremarkable urinary bladder devoid of urine. Internal and external genitalia are intact and unremarkable devoid of trauma or pathological lesions.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are of normal size and shape and on sectioning reveal no grossly identifiable pathological lesions.

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EXAMINATION OF THE CENTRAL NERVOUS SYSTEM: A scalp incision, craniotomy and evacuation of the brain is carried out in the usual fashion.

The scalp is intact showing no contusions or lacerations. The calvarium is likewise intact revealing no bony abnormalities or fractures.

The brain weighs 720 grams showing moderate degree of leptomeningeal congestion. Overlying dura is intact and unremarkable. The cerebral hemispheres reveal a normal gyral pattern with mild degree of edema. Brainstem and cerebelli appear essentially unremarkable. Circle of Willis is patent showing no pathological lesions or congenital abnormalities. On coronal sectioning of the brain the ventricular system is symmetrical and contains clear cerebrospinal fluid. There is no gross evidence of hemorrhage, infarction or a space occupying lesion.

SPECIMENS COLLECTED:

1. Blood for possible further examination.
2. Representative tissue sections for microscopic study.

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MICROSCOPIC DESCRIPTION:

Representative sections through the kidneys show evidence of no micropathological lesions. The glomeruli, tubular system and vascular system are essentially intact and unremarkable. There is however evidence of passive congestion.

Section through the thymus gland reveals no micropathological lesions.

Section through the pancreas reveals no micropathological lesions. The islet cells are well represented.

Representative section through the lung show evidence of diffuse vascular congestion. There is patchy mild degree of pulmonary edema noted. The bronchiolar system and the vascular system appear essentially intact and unremarkable. Very focal insignificant lymphocytes are noted aggregating around the bronchioles. Inflammatory lesions are not demonstrated.

Section through the liver reveals essentially well preserved architecture with no evidence of hepatocellular necrosis or degeneration. The hepatocytes present a slight floccular appearance but there is no fat infiltrates noted. The portal triads are intact showing no pathological lesions. The sinusoids appear somewhat dilated and congested.

Section through the spleen shows prominent white pulp, many of which show presence of prominent germinal centers.

NP/cg

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NO. 138-84

INQUEST HEARING  
REGARDING THE DEATH  
OF [REDACTED]  
A CHILD

HELD ON JANUARY 23&24, 1984

TAKEN BY: [REDACTED]  
CERTIFIED SHORTHAND REPORTER  
[REDACTED], BOX 605X  
[REDACTED] DRIVE  
FORT WORTH, TEXAS 76108  
[REDACTED]

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1 APPEARANCES:

2 JANUARY 23, 1984 at 8:30 a.m.

3 DR. [REDACTED]

Office

4 3440 Camp Bowie Boulevard  
5 Fort Worth, Texas 76107

6 [REDACTED]  
7 3440 Camp Bowie Boulevard  
8 Fort Worth, Texas 76107

9 MS. [REDACTED]

Consumer Products Safety Commission

10  
11 APPEARANCES:

12 JANUARY 24, 1984 at 3:00 p.m.

13 — Appearances same as above with addition of:

14 DR. [REDACTED]

Office

15 3440 Camp Bowie Boulevard  
16 Fort Worth, Texas 76107

17 ALSO PRESENT:

18 [REDACTED], Attorney at Law

19 [REDACTED] Tenth Street

20 Fort Worth, Texas 76102  
21  
22  
23  
24  
25



All statements were taken at the offices of the  
Tarrant County Medical Examiners located at 3440 Camp Bowie  
Boulevard, Fort Worth, Texas.

I N D E X

Witnesses on January 23, 1984:

page

DR. [REDACTED]

Questioning by Dr. [REDACTED]

3

[REDACTED]  
Questioning by Dr. [REDACTED]

12

[REDACTED]  
Questioning by Dr. [REDACTED]

22

[REDACTED]  
Questioning by Dr. [REDACTED]

28

[REDACTED]  
Questioning by Dr. [REDACTED]

36

[REDACTED]  
Questioning by Dr. [REDACTED]

43

Witnesses on January 24, 1984:

DR. [REDACTED]

Questioning by Dr. [REDACTED]

49

[REDACTED]  
Questioning by Dr. [REDACTED]

58

[REDACTED]  
Questioning by Dr. [REDACTED]

72

[REDACTED]  
Questioning by Dr. [REDACTED]

86

1 DR. [REDACTED],  
2 the witness hereinbefore named, being first duly cautioned  
3 and sworn to testify the truth, the whole truth and nothing  
4 but the truth, so help him God, testified as follows:

5  
6 DR. [REDACTED]: Dr. [REDACTED], you have the  
7 right to remain silent. You have the right to  
8 have an attorney present at this inquest. If  
9 you cannot afford to have an attorney, you have  
10 the right to have this Court of Inquest appoint  
11 one for you. I do want to alert you that any-  
12 thing you say can be used against you in a  
13 Court of law. And finally you have the right to  
14 terminate this inquest at any time that you feel  
15 desirable. Do you understand your rights, Doctor?

16 DR. [REDACTED]: I do.

17 BY DR. [REDACTED]

18 Q Would you tell me under what capacity did you  
19 first meet the deceased, [REDACTED]

20 A I was working in the emergency room at John  
21 Peter Smith, and the patient was brought to the emergency  
22 room in full arrest by paramedic personnel.

23 Q That was on which day?

24 A January 14, 1984.

25 Q Approximately what time?

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1 A I don't recall the time approximately.

2 Q Referring to the emergency room sheet --

3 A Okay, it would be approximately 1:00 p.m.,  
4 something in that range. We normally have a little card  
5 at the very top when a patient is registered in exactly.  
6 1:25 p.m. it says down here.

7 Q Now, were you the only physician in the emergency  
8 room who examined the child?

9 A No, I was not.

10 Q Who else was present with you?

11 A During the course of resuscitative measures,  
12 Dr. [REDACTED], Dr. [REDACTED], and Dr. [REDACTED] were  
13 also present.

14 Q Were you in charge of the resuscitative procedures?

15 A I'm not exactly sure who would be deemed in  
16 charge of resuscitative measures. We were all helping  
17 in a cooperative effort at the time. I was given the  
18 emergency room sheet to complete after we had finished.

19 Q I see. What measures were taken to help the  
20 child when the child arrived? Could you tell us briefly  
21 about that?

22 A In route the paramedics had started an I.V. line  
23 which on arrival was not functioning. The child was in  
24 full arrest, was cyanotic, pupils were fixed and dilated,  
25 no respiration spontaneously, no pulse, no blood pressure,

1 flaccid. We continued cardiopulmonary resuscitation and  
2 attempted to start I.V.s at various sites without success.  
3 And after a short time of continuing cardiopulmonary  
4 resuscitation, unable to get any response, the child  
5 continuing in complete asystole without a squiggle, we  
6 terminated our efforts.

7 Q You said you attempted to insert I.V.s. Why  
8 did you fail?

9 A I suppose because all of the blood vessels had  
10 clotted off at the time. Both Dr. [REDACTED] and Dr. [REDACTED]  
11 as I recall were trying to start femoral veins or just  
12 vein lines or even to draw blood, and were unable to do  
13 so.

14 Q I see. When you first examined the child, did  
15 you notice if the body was still cold or warm to touch?

16 A I honestly do not recall that.

17 Q What about lividity and rigidity?

18 A Totally flaccid.

19 Q What about lividity?

20 A I really can't say.

21 Q All right. You in short, Doctor, did not do  
22 any laboratory test procedures, draw blood?

23 A None that I am aware of.

24 Q All right. Did you notice anything unusual  
25 about the child?

1 A No, I did not other than what I've already  
2 described of its presentation.

3 Q I want you to reflect on this. Did you see any  
4 contusions or bruises or abrasions on the face of the  
5 child when you first examined the child?

6 A Quite honestly during that day things were  
7 very busy as I recall in the emergency room. I did not  
8 go over this child with a fine-tooth comb, and really my  
9 only contact was during the attempt of resuscitative  
10 measures. We completed our efforts and pronounced the  
11 child deceased, and I walked out of the room, never went  
12 back in, and was later on given this to fill out and did  
13 so. I do not recall any bruises, contusions or abrasions  
14 on the child.

15 Q If you had seen, of course this would have been  
16 of some importance to you I suppose as a physician, would  
17 you have remembered them?

18 A I'm sure that if there had been something very  
19 remarkable about the head or chest or abdomen, I would have  
20 because the child was fully exposed in those areas during  
21 the course of our efforts.

22 Q In short, what you're trying to say, Doctor,  
23 if there were any contusions or bruises you would have  
24 remembered them and noted them on your ER sheet?

25 A Anything that was very remarkable.

1 Q All right. Did you by any chance meet the  
2 grandparents or the mother and father of the deceased  
3 child?

4 A I did.

5 Q You did? When did you meet them particularly?

6 A I was introduced to the grandfather, the  
7 grandmother and the mother.

8 Q And the mother?

9 A Uh-huh.

10 Q Do you recall their names?

11 A- No, I do not.

12 Q What did the grandfather tell you, the  
13 circumstances leading to the death?

14 A My recollection is that the grandmother is  
15 the one that gave me the initial report of what happened,  
16 saying that she was baby-sitting the child, that she had  
17 put the baby down for a nap, and later at some time went  
18 back to check on the baby and found it with its face  
19 covered by a plastic top of a toy, cyanotic.

20 Q Did she tell you at what time she had put the  
21 child down for a nap?

22 A She may have but I don't recall that.

23 Q Did she tell you whether the top was stuck  
24 to her face?

25 A I do recall that both grandparents said that the

1 toy was stuck to the child's face.

2 Q How did they take the top out? Did they have  
3 to pull it out?

4 A They just pulled it off of the face is what  
5 they said.

6 Q I see. Did you see any markings on the face  
7 which would be consistent to a toy being stuck on the  
8 face and being pulled out?

9 A I do not recall any.

10 Q Did you talk to the mother about this? Did she  
11 say anything?

12 A The mother was basically in hysterics at the  
13 time, and there was very little I could talk to her about.

14 Q Did you get any past medical history from the  
15 grandparents or the mother?

16 A No, I did not.

17 Q Is this the only child she has, the mother?

18 A I think so, but I'm not sure.

19 Q Have you spoken to any members of the family  
20 subsequent to that?

21 A No.

22 Q To the attorney of the family?

23 A To -- I'm sorry?

24 Q To the attorney which the family has hired?

25 A No, I have not.

1 Q Do you as a physician feel in a position to  
2 make any comment as to what could have happened to the  
3 child?

4 A Well, yes, one thing. I completed this ER  
5 sheet, and there's a photostatic copy of it here. Always  
6 before a patient is signed out of the emergency room,  
7 the staff physician in the emergency room at that time  
8 signs the chart out. Dr. [REDACTED] during our discussions  
9 after our efforts at resuscitation had talked about the  
10 possibility of Sudden Infant Death Syndrome, and added  
11 that to the differential on our clinical impression  
12 before the chart was completely signed out. I think that  
13 in this particular case that before anything else is  
14 considered, Sudden Infant Death Syndrome should be ruled  
15 out. I think the child was right at the peak of the  
16 incidence of that syndrome, and that other causes -- that  
17 it would be the cause of death until other causes were  
18 ruled out.

19 Q You don't think the toy was stuck to her face  
20 suffocating the child?

21 A I'm saying that I wrote that initially based  
22 solely on what the parents had told me, and agreed with  
23 Dr. Whitley in adding Sudden Infant Death Syndrome based  
24 on medical knowledge and understanding of this age group  
25 and what things could happen.



1 Q Do you think if a hard plastic toy was stuck  
2 to the face of a child or any other person, it would  
3 leave some marks on the body surface?

4 A More than likely.

5 Q More than likely what, contusions, compression  
6 abrasions or what sort of marks do you think would be left?

7 A Well, I think if a rim of some kind, something  
8 identified, especially if the child had been essentially  
9 dead for some time which is what apparently was the case  
10 here --

11 Q You didn't see any of that in your initial  
12 examination?

13 A I did not.

14 DR. [REDACTED], do you have any  
15 questions?

16 BY MR. [REDACTED]:

17 Q The only question I would like to ask is,  
18 Doctor, prior to this morning no one in our office has  
19 talked to you with the exception of myself when I called  
20 to notify you to be here at this meeting; is that correct  
21 or not?

22 A That's correct.

23 MR. [REDACTED] That's all.

24 BY DR. [REDACTED]:

25 Q One more question. Dr. [REDACTED] what position

1 does he have in your team there?

2 A He is the staff physician.

3 Q He is the staff physician, Dr. [REDACTED] What  
4 is his first name?

5 A I don't know.

6 Q Okay, and what responsibility does Dr. [REDACTED]  
7 have? Is he a professor with the training program or --

8 A He is one of the staff emergency room physicians.  
9 He is not the head of the emergency room. Dr. [REDACTED]  
10 [REDACTED] is, but the staff physician in the emergency room,  
11 there's one at all times and has, as I understand it the  
12 ultimate responsibility for our emergency room.

13 Q Was Dr. [REDACTED] present that morning?

14 A Yes.

15 Q Was he part of the team?

16 A He was in and out of the room while we were  
17 attempting resuscitation.

18 Q He did see the child in fact? .

19 A He did see the child, yes.

20 Q Very good. I have no further questions. We  
21 certainly appreciate your coming here this morning.

22 A You are welcome. If you have any other questions  
23 or need further comment, don't hesitate to call.

24 DR. [REDACTED] Thank you very much.

25

1 [REDACTED]  
2 the witness hereinbefore named, being first duly cautioned  
3 and sworn to testify the truth, the whole truth and nothing  
4 but the truth, so help him God, testified as follows:  
5

6 DR. [REDACTED]: [REDACTED] I want to give you the  
7 Miranda Warning. You have the right to remain  
8 silent, and anything that you say may be used  
9 against you in a Court of law. You have the  
10 right to have an attorney present. If you cannot  
11 afford to have an attorney, you have the right  
12 to have an attorney appointed to represent you  
13 here this morning. You may, of course, terminate  
14 this interview at any time that you feel necessary.  
15 Do you understand your rights?

16 MR. [REDACTED]: Yes, sir.

17 BY DR. [REDACTED]:

18 Q I'm conducting the inquest by the power vested  
19 to me as duly-appointed medical examiner for the County  
20 of Tarrant and State of Texas in accordance with the  
21 Article 4925 of the Court of Criminal Procedure. We are  
22 investigating the death of [REDACTED]. Now, you  
23 as an officer in the city where the death occurred were  
24 somehow involved with the death. Could you tell us how  
25 you met the deceased the first time?

1           A     First time, yes, sir. Of course, we received  
2 a call in regards to a possible deceased person, Sergeant  
3 Wilson and myself did. We arrived on the scene at the  
4 same time, and we entered the residence, we went through  
5 the hall into the den and Mr. [REDACTED] was giving CPR to  
6 the child. He asked us if we knew how to give CPR to a  
7 baby and we told him you were doing fine and keep on doing  
8 what you are doing. So I reached down and kind of tilted  
9 the baby's head back just a little bit and told him just  
10 to keep giving short breaths like that and so forth. In  
11 just a few seconds an ambulance, Regional Ambulance arrived  
12 and Mr. [REDACTED], [REDACTED] was the E.M.T. or paramedic.  
13 He grabbed the baby up and ran out to the truck with it.  
14 That's the only time I saw the baby.

15           Q     Now, what time did you arrive at the scene?  
16 Do you recall?

17           A     No, sir. I received the call at 12:53 p.m.,  
18 and I was at City Hall just pulling into the parking lot.  
19 It couldn't take more than a couple of minutes to get  
20 there because Harris Lane is just right around a couple  
21 of streets off of City Hall there, so probably 12:55.

22           Q     Now, to go back again to what you told us,  
23 when you first arrived at the house that was on 3229  
24 Harris Lane?

25           A     Yes, sir.

1 Q When you first arrived you saw the grandfather,  
2 Mr. [REDACTED], giving CPR; is that correct?

3 A Yes, sir.

4 Q Okay, did you have a chance to examine the  
5 baby at all?

6 A No, sir.

7 Q Did you look at the baby?

8 A Yes, sir, I looked at it when I tilted the  
9 head back, just the view of it right there at that time.  
10 I didn't see anything suspicious or outstanding as far  
11 as my view of it. Sergeant [REDACTED] was standing there  
12 behind Mr. [REDACTED] and he also was watching, and I don't  
13 know if he noticed anything or not.

14 Q When you touched the baby, did the baby feel  
15 warm or cold?

16 A It was warm.

17 Q It was warm?

18 A Yes, sir.

19 Q Was it flaccid? In other words --

20 A Yes, sir, the arms were out to the side, and  
21 that was it.

22 Q Did you notice any lividity or rigidity,  
23 stiffening of the muscles?

24 A No, sir, none whatsoever. I reached with my  
25 fingers and grabbed the temples there and just laid my

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1 fingers underneath the back a little bit and moved the  
2 head back, and there was no resistance or anything at all.

3 Q Now, let me get this straight. What you are  
4 telling us is that you did not see the toy stuck to the  
5 baby's face when you first arrived?

6 A No, sir.

7 Q Where was the toy?

8 A Well, at the time I didn't know for sure what  
9 had caused it. When she said it was the toy, I thought  
10 it was still in the crib. I found out a short time after  
11 the baby was moved out to the ambulance that the toy was  
12 also laying on the couch beside the baby. I remember we  
13 went back in and saw it laying on the couch beside where  
14 the baby was laying. Just a little -- I'll be honest with  
15 you, I thought it was a little measuring cup. I didn't  
16 realize what it was at the time, just kind of blue in  
17 color, and I didn't pay any attention any more than that.

18 Q Let me show you a toy, if I may, and ask you  
19 to recall and think about it very carefully, and tell me  
20 if in fact this is what you saw in the crib?

21 A Well, we didn't see it -- I didn't see it in  
22 the crib. It was laying on the couch beside where the  
23 baby was and that very much resembles what I saw. We  
24 have taken a couple of photographs of it, and I would have  
25 to look at the photographs really to remember for sure.

1 Q Why did you take the photographs?

2 A Well, just under normal investigation I felt  
3 like -- they said this was the object that killed the  
4 baby. I felt like we might need the photographs later on.

5 Q They did in fact say to you, pointed out to you  
6 that this was the object?

7 A Yes, sir. The grandmother said it got over  
8 the baby's face, and she had to pull it off the face.

9 Q Let me show you three Polaroid pictures and  
10 ask you to identify these pictures first, if you may.

11 A Okay. Yes, sir, that's the pictures that  
12 Sergeant Wilson took.

13 Q Sergeant [REDACTED] took them and you are sure of  
14 that?

15 A Yes, sir, I marked them on the back.

16 Q I want you to look at the pictures and refresh  
17 your mind again and decide if in fact this is a similar  
18 toy or exactly the same kind of toy?

19 A It looks exactly the same.

20 Q In its dimensions also?

21 A Yes, sir. Like I said when I first saw it,  
22 I didn't realize at the time that -- I thought I guess  
23 with the flat bottom like this, I thought it was some  
24 kind of little drinking cup or something. I didn't realize  
25 it was part of any other thing. This toy, like I said we

1 put it back in the crib ourselves just to take a photograph  
2 of where they said it occurred since the baby and the toy  
3 had been moved to the couch. This toy was picked up by  
4 ourselves and placed in the crib to take the photographs.

5 Q Now, what did the parents tell you more? What  
6 did the grandparents tell you more?

7 A Well, they didn't actually tell us more. The  
8 mother was talking to Mr. [REDACTED], the grandmother was  
9 talking. Not the mother, the grandmother was talking to  
10 Mr. [REDACTED] and of course she was very hysterical, and we  
11 couldn't -- I couldn't get anything out of her. I had to  
12 get a lady next door to get the age of the baby and I  
13 couldn't even get the date of birth. I don't believe I  
14 ever got that on my report. No, I didn't because I  
15 couldn't find out from either one of them, and the mother  
16 was not there. The mother just kept -- she was hysterical  
17 and she told the grandfather that the baby was in her crib  
18 taking a nap and she had checked on her a few minutes  
19 before and whenever she went back in there this was laying  
20 there over her face, and the baby was laying on her back  
21 and her little arms was out to the side. She had to pull  
22 it off her face which would indicate to me maybe a suction  
23 or something. But I never did, like I said before, I  
24 told this lady here the other day at the time we were  
25 there with the baby I didn't see any marks. My kids have



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1 done things like that and it leaves the lips swollen or  
2 some kind of marks on the face. And I'm usually pretty  
3 observant on a death. I didn't notice anything like that.  
4 Of course, Mr. [REDACTED] had his mouth over the baby's some  
5 and he moved back whenever I tilted the head, and I didn't  
6 notice anything at all.

7 Q You are sure of that?

8 A Yes, sir.

9 Q There were no contusions, no bruises?

10 A I did not see any, no, sir. I didn't never  
11 see any. If there were some, I didn't see any.

12 Q Did the grandmother or grandfather tell you  
13 what time they put the baby to sleep?

14 A No, sir.

15 Q Did they tell you if the baby had had any  
16 illnesses or sicknesses prior to being discovered dead?

17 A They did not say anything about it.

18 Q Do you know whether this was the only child the  
19 mother had?

20 A No. I never did get to talk to the mother,  
21 she was at work.

22 Q What about the father?

23 A I don't know anything about the father. They  
24 didn't mention him. I don't know if they're divorced  
25 or anything. They didn't mention the father. They were

1 interested in getting ahold of the mother, which I guess  
2 is their daughter. I'm not sure because they didn't  
3 never say. Like I said, we couldn't get anything out of  
4 either one of them. Mr. [REDACTED] was out in the yard on  
5 his knees crying and Mrs. [REDACTED] was just hysterical, and  
6 the lady was trying to get her to settle down. The only  
7 thing I have told you is what she was more or less hollering  
8 to the grandfather, you know. I couldn't get anything  
9 out of her at all.

10 Q Does the mother work somewhere?

11 A Yes, sir. They said that they were going to  
12 have to go out somewhere at [REDACTED] and pick her  
13 up.

14 Q How old is she; do you know?

15 A No, sir, I don't.

16 Q Was it a practice for her to leave her child  
17 with the mother and father?

18 A Well, from observing the house, apparently --  
19 I don't know, she may live with them, I'm not sure, but  
20 they had the baby bed back in a separate room and the  
21 countertop in the kitchen was filled with baby bottles.  
22 I mean, it wouldn't be like they were baby-sitting one  
23 or two. I'm talking about a whole bunch of them on there,  
24 fifteen or twenty bottles sitting around, and so many toys  
25 and everything, I just assumed the baby stayed there a

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1 whole lot. Maybe she lives there with them. I don't know.  
2 Maybe the mother lives with them. I'm not sure.

3 Q What other toys did you see in the house or  
4 crib or --

5 A Just teddy bears. There were teddy bears like  
6 in the photographs there, and that's about it. I didn't  
7 notice anything out of the way, just normal kind of toys.  
8 I didn't see any other plastic toys or anything like that.  
9 I understand that's a stackable unit of some kind, and I  
10 didn't see any other parts that I can recall. I didn't  
11 see any other parts in the baby bed if there are other  
12 parts to it. All I saw was teddy bears and so forth.

13 Q Now, when you first arrived, how was the baby  
14 dressed?

15 A I believe she had on a red checkered dress  
16 if I recall. We didn't take any photographs of the baby,  
17 so I'm not -- like I said, it's just a matter of a real  
18 short time before the ambulance driver came in. Sergeant  
19 [REDACTED] hollered at them that they needed oxygen, and when  
20 the first paramedic came in he said I don't want oxygen,  
21 we're going to the truck. He grabbed the baby up and ran  
22 out to the truck. It was just really a very short time  
23 that I observed the baby. I went back out to the  
24 ambulance one time and they had already started taking,  
25 pulling the dress off and getting the little top off where

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1 they could work on the baby and get the machine hooked  
2 up and so forth. I didn't see the clothes after that.

3 Q But you could see the face very well?

4 A Yes, sir, when I tilted the head back when I  
5 helped him.

6 DR. [REDACTED] Very good. [REDACTED], do you  
7 have any questions?

8 BY MR. [REDACTED]

9 Q Only this, Officer [REDACTED], how many years  
10 have you been in law enforcement now?

11 A Almost sixteen years.

12 Q And during those sixteen years, have you made  
13 death calls prior to this?

14 A Yes, sir.

15 Q On a number of occasions?

16 A Yes, sir.

17 Q I see. Having done so, you are accustomed  
18 to just unconsciously more or less recording things and  
19 seeing things and observing things, and you would notice  
20 anything unusual?

21 A Yes, sir.

22 MR. [REDACTED]: That's all I have.

23 DR. [REDACTED] Very good. Thank you for  
24 coming, [REDACTED]. We appreciate it.

25

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1 [REDACTED]  
2 the witness hereinbefore named, being first duly cautioned  
3 and sworn to testify the truth, the whole truth and nothing  
4 but the truth, so help him God, testified as follows:  
5

6 DR. [REDACTED]: Sergeant [REDACTED], I'm going  
7 to give you a Miranda Warning. You have the  
8 right to remain silent and anything that you may  
9 say may be used against you in a Court. You have  
10 the right to have an attorney present. If you  
11 cannot afford an attorney, you have the right to  
12 have an attorney appointed for you. You have the  
13 right to terminate this interview at any time.  
14 Do you understand your rights?

15 MR. [REDACTED]: Yes, sir, I do.

16 BY DR. [REDACTED]

17 Q By the power given to me as the duly-appointed  
18 medical examiner for the County of Tarrant and State of  
19 Texas, we are here conducting an inquest into the death  
20 of [REDACTED] who apparently died on January 14, 1984.  
21 What we want to know from you, [REDACTED], is how did you  
22 come to meet the deceased, and tell us a few details.  
23 Begin by telling us how you arrived at the scene of the  
24 death first.

25 A Okay, we were, Officer [REDACTED] and I were coming

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1 back from break and we were dispatched to the call on  
2 Harris Lane, possible deceased child. I dropped him off  
3 at the station because we were only like a hundred yards  
4 or so from the station and he picked up his car and I  
5 went ahead and drove mine over and we both arrived at  
6 the scene basically at the same time. We went to the  
7 door, and I don't remember if someone let us in or we  
8 just went in. When we got in the house, the grandfather  
9 had the baby on the couch and was administering CPR and  
10 mouth-to-mouth. He asked me if I knew how to do it and  
11 I told him he was doing fine, it would probably hurt if  
12 we switched. I could hear the ambulance then at that time  
13 and I walked outside and met the ambulance attendant and  
14 told the ambulance attendant to bring oxygen. On the  
15 way he picked up the oxygen on his way into the house and  
16 the other ambulance attendant passed him running back to  
17 the ambulance. They went to work on the baby in the  
18 ambulance and probably transported in three-or-four  
19 minutes, something like that, after they had it in the  
20 ambulance.

21 Q Now, when you observed the child, did you see  
22 anything unusual?

23 A No, not nothing I would think would be unusual.  
24 Like I say he was giving mouth-to-mouth and CPR, and you  
25 could tell that the baby wasn't breathing or anything.

1 There was nothing else unusual that I could think of.

2 Q Did you get a chance to touch the baby?

3 A No, I didn't.

4 Q Did you observe the face of the child?

5 A Yeah.

6 Q Did you see any bruises or contusions on the  
7 face?

8 A No, sir.

9 Q No markings at all on the face?

10 A No, sir.

11 Q Did the parents, grandparents, tell you what  
12 had happened?

13 A Well, the grandmother said that the baby was  
14 in the baby bed asleep and whenever she went back in  
15 there, there was supposedly a toy over the baby's mouth  
16 and said that the suction of the toy was so great that  
17 they had to pry it off of the mouth. She said she had  
18 only checked on the baby probably every five minutes and  
19 she didn't really remember how long it had been. Every-  
20 body was pretty upset.

21 Q Did she tell you what time she had put the  
22 baby to sleep?

23 A No, sir, I don't remember. She didn't tell me.

24 Q If I showed you a toy, would you recall if this  
25 is a similar type of toy?

1           A     Yes, sir. That is basically like it, something  
2 like that. I couldn't say if that is exactly the same  
3 toy, but I remember it had a little nose on it and it  
4 was blue colored.

5           Q     Would you say that the dimensions or the size  
6 is exactly the same?

7           A     It would be pretty close. I remember it was  
8 about the same size as a coffee cup.

9           Q     Okay, let me ask you to identify these pictures,  
10 the three Polaroid pictures. Do you recall taking those  
11 pictures?

12          A     Yes, sir. Those are the three pictures of the  
13 toy and one picture of the baby bed or two pictures of  
14 the toy and one picture of the baby bed.

15          Q     Now, when you first saw this toy, where was it?

16          A     I don't remember if the toy was on the couch  
17 or not whenever the baby was in there. I don't recall  
18 if it was left in the baby bed or not. Whenever I took  
19 the pictures it was in the baby bed. You know, I don't  
20 remember if we picked it up and put it in the baby bed  
21 or what. I don't remember. Like I say, I had been outside  
22 in the ambulance attendants. We were trying to find out  
23 what hospital they wanted to take the baby to and everything  
24 like that. And once the baby was transported, I came back  
25 in the house with a camera to take pictures of the toy



1       figuring we would probably need them. I'm not -- I don't  
2       know where the toy was up until that point.

3           Q     You work for the City of Haltom?

4           A     Yes, sir.

5           Q     You are employed as --

6           A     Police Sergeant.

7           Q     How long have you been with the City now?

8           A     Almost five years.

9           Q     How long have you been a police officer?

10          A     Almost five years.

11          Q     Have you made any similar death calls in the  
12       last five years?

13          A     No, sir.

14          Q     This is the first death call you had?

15          A     It is the first dead baby I have ever worked  
16       or been around.

17          Q     Have you seen bodies with contusions, markings  
18       or bruises?

19          A     No, most of them I have had have been natural.  
20       I have one homicide I worked but it was pretty badly  
21       decomposed.

22          Q     If you saw any bruises or contusions, would you  
23       recognize them?

24          A     Yes, sir.

25          Q     Did you see any on this child?

1 A No, sir, I didn't.

2 Q Very good. So according to your estimates the  
3 child, after you arrived the child was there for about  
4 five minutes or so, and then the child was taken?

5 A Probably around that time. When we arrived,  
6 the ambulance probably arrived -- whenever I pulled up on  
7 the scene and started into the house, you could hear the  
8 siren. They were probably there, I'm going to say no more  
9 than two minutes, and I'm just estimating. They probably  
10 worked on the baby three to four minutes, and then were  
11 in route to the hospital.

12 Q Did you see anything unusual or something which  
13 you recall that might be of importance to you at that time?

14 A No, sir, I didn't. I never did.

15 BY MR. [REDACTED]

16 Q When you were at the scene, where was this type  
17 of toy at when you saw it?

18 A I'm trying to remember, but the only time I  
19 seen it the best I remember was in the baby bed. That is  
20 when I went to take pictures of it.

21 Q I noticed in the picture it was in the baby bed.

22 A Uh-huh, I went back in. Like I say, I was at  
23 the ambulance because everybody kept trying to get in the  
24 ambulance and everything and they were having problems  
25 keeping everybody out, so I stood right inside the ambulance

1 door to keep people out and try to get the information,  
2 what hospital they wanted to go to and everything. After  
3 the ambulance left, I went back in the house to get the  
4 pictures of it, and, you know, we took pictures of it in  
5 the baby bed. This bedroom right here where the baby bed  
6 was, it would be east of the den or wherever it was that  
7 they had the baby on the couch. Like I said, the baby was  
8 on the couch when we both arrived, and Officer [REDACTED]  
9 helped tilt the head back while the grandfather gave  
10 mouth-to-mouth and CPR. I probably wasn't in the house  
11 but, you know, maybe a minute at the most. Like I say,  
12 I went back out to catch the ambulance attendants and tell  
13 them to bring oxygen in because at that time we didn't  
14 know for sure whether the baby was dead or how long it had  
15 been dead if it was. I told them to bring some oxygen in.

16 MR. [REDACTED]: That's all I have.

17 DR. [REDACTED]: Very good. I have no  
18 further questions, Officer. Thank you for coming.

19  
20 [REDACTED]  
21 the witness hereinbefore named, being first duly cautioned  
22 and sworn to testify the truth, the whole truth and nothing  
23 but the truth, so help him God, testified as follows:

24  
25 DR. [REDACTED], do I need to give you

1 the Miranda Warning?

2 MR. [REDACTED] No, that is not necessary.

3 I'm not being charged with an offense.

4 BY DR. [REDACTED]:

5 Q [REDACTED], you work for the Medical Examiners Office?

6 A Yes.

7 Q How long have you been a medical examiners  
8 investigator?

9 A Twelve years.

10 Q Twelve years. In that period of time, how  
11 many death calls have you made approximately?

12 A Several hundred.

13 — Q Several hundred. And if I may ask you, how  
14 many deaths calls have you made in which children were  
15 involved?

16 A Approximately two hundred.

17 Q And have you seen cases where the child has  
18 been abused and brutally killed?

19 A Yes.

20 Q You would recognize bruises and contusions  
21 without any problem, wouldn't you?

22 A That's correct.

23 Q Because you have seen them plenty of times?

24 A Yes.

25 Q And in fact, most of the cases we get at the

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1 Medical Examiners Office or a large bulk of cases we get  
2 at the Medical Examiners Office are traumatic cases where  
3 there are bruises, contusions and abrasions to the body  
4 surface?

5 A Yes.

6 Q And in fact, you are trained to recognize them?

7 A Yes.

8 Q Do you recall [REDACTED]

9 A Yes.

10 Q When were you first called to make a death  
11 inquiry?

12 A It was at 1:45 p.m. on the 14th of January  
13 this year.

14 Q Do you recall who called you?

15 A Officer Hess in the Fort Worth Police Department.

16 Q Where did you proceed to?

17 A John Peter Smith Hospital Emergency Room.

18 Q And you observed the child at the hospital?

19 A Yes, I did.

20 Q What did you see?

21 A It was a nude baby in the emergency room,  
22 trauma room number one I believe it was. No bruises,  
23 no wounds.

24 Q Did the child have any rigor present?

25 A No.

- 1 Q Could you see the onset of lividity?
- 2 A Yes, it was beginning to show.
- 3 Q And was the body cold to touch?
- 4 A Cool.
- 5 Q Did you talk to any of the parents present,
- 6 grandparents?
- 7 A I talked to the grandmother, yes, Betty Hobbs.
- 8 Q What did she tell you?
- 9 A - That she had put the child down for a nap in
- 10 its crib, and when she placed it in the crib it was face
- 11 down, and she returned some time later and found the
- 12 child face up with this toy stuck to its face. And she
- 13 removed the toy and she said or stated to me it appeared
- 14 to have been stuck to the child's face cutting off the
- 15 air supply.
- 16 Q Did she tell you how long the child had been
- 17 sleeping before she found the child?
- 18 A I understood about a thirty-minute time period
- 19 had elapsed from the time she had put the child down
- 20 until she checked on her again.
- 21 Q Now, is this the only child her daughter has?
- 22 A Yes.
- 23 Q And did the child live in that house?
- 24 A Yes, the mother and the child lived in the
- 25 parents' house. The mother was unmarried.